

#2/Reg for Refund
02-12-02

Attorney Docket: HOOV 116

OFFICE OF FINANCE
REFUND BRANCH
2002 JAN 11 PM 3:07
US PATENT & TRADEMARK
OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Michael D. HOOVEN)
Serial no: 10/015,303)
Filed: December 12, 2001)
For: TRANSMURAL ABLATION)
DEVICE WITH THERMOCOUPLE)
FOR MEASURING TISSUE)
TEMPERATURE)

EL 845497865
"Express Mail" Mailing Label No. _____
Date of Deposit January 11, 2002
I hereby certify that this correspondence is being
deposited with the United States Postal Service
"Express Mail Post Office to Addressee" service
under 37 CF 1.10 on the date indicated above
and is addressed to: Commissioner
for Patents, Washington, D.C. 20231.
Name: Yue X Ruan
(typed or printed)
Signature Yue X Ruan

To: Refund Requests
Commissioner for Patents
Box 16
Washington, D.C. 20231

REQUEST FOR REFUND

Dear Sir:

The above-identified application was filed on December 12, 2001 with a large entity filing fee being paid. The Applicant for this application is a Small Entity, and thus the fee should be reduced by one half.

Accordingly, it is requested that this fee now be refunded. Please credit our Deposit Account no. 50/1039 for the amount of \$370.00 representing one half of the large entity fee.

Refund Request

This request for refund is made for a fee that was paid in this application on December 12, 2001 in the amount of \$ 370.00.

Fees Paid for Which Refund Requested

	Amount of Refund <u>Requested</u>
<u>X</u> Filing Fee (small entity status)	<u>\$370.00</u>
____ Surcharge for filing the basic filing fee on a date later than the filing date of the application and/or	_____
____ Surcharge for filing the oath or declaration on a date later than the filing date of the application	_____
____ Extension of Time	_____
____ Issue Fee	_____
____ Patent Maintenance Fee	_____
____ First Maintenance Fee	_____
____ Second Maintenance Fee	_____
____ Third Maintenance Fee	_____
____ Patent Maintenance Fee Surcharge	_____
____ Other	_____
 TOTAL	 <u>\$370.00</u>

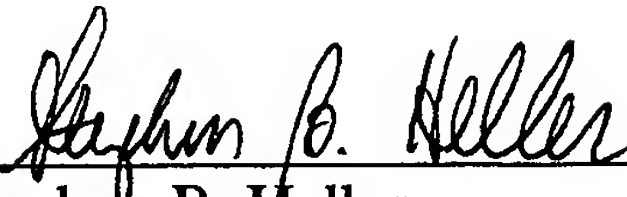
Manner of Refund

Please make refund by:

X Crediting Deposit Account No. 50/1039
____ Refunding overpayment.

Respectfully submitted,

Date: January 11, 2002



Stephen B. Heller
Registration No: 30,181

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